

# Pregnant Women and Smoking

Tobacco use is the single most preventable cause of death and disease in the United States. The burden of tobacco in Indiana is staggering, costing Hoosiers 11,100 lives each year.<sup>1</sup> Smoking continues to impact the lives of even the youngest Hoosiers. In 2014, 15.1% of pregnant women in Indiana smoked during pregnancy.<sup>2</sup> Although this was a slight decline from 20% in 2000, Indiana has consistently had one of the highest smoking during pregnancy rates in the country. In 2014 Indiana's smoking during pregnancy rate was nearly 80% higher than the average smoking during pregnancy rate in the United States (8.4%).<sup>3</sup>

## Health Risks of Smoking during Pregnancy<sup>4</sup>

Smoking during pregnancy is associated with several poor health outcomes:

- Twenty to thirty percent (20-30%) of the cases of low birth weight among infants can be attributed to smoking.
- Smoking during pregnancy increases the risk of premature birth.
- Women who smoke have a higher risk of ectopic pregnancy and miscarriage than non-smokers.
- Smoking during pregnancy can cause problems with the placenta, which can be dangerous for both mothers and babies.
- Infants of mothers who smoked during pregnancy are at increased the risk of sudden infant death syndrome (SIDS) than infants of nonsmoking mothers.

## Risks of Secondhand Smoke Exposure during and after Pregnancy

Exposure to secondhand smoke is harmful to both mothers and their babies. Babies whose mothers were exposed to secondhand smoke while pregnant are more likely to have lower birth weight, and exposure to secondhand smoke in infancy increases the risk of death from SIDS.<sup>5</sup>

## Benefits of Quitting Smoking

- Pregnant smokers who are ready to quit should know that it's never too late to quit smoking during pregnancy. Many pregnant women are tempted to cut down the number of cigarettes they smoke instead of quitting, but quitting entirely is the best thing a pregnant woman can do for herself and her baby.
- Quitting smoking before or during pregnancy reduces the risk of many poor health outcomes associated with smoking during pregnancy, and staying quit reduces women's risks of diseases such as heart and lung diseases, stroke, and cancer.<sup>6</sup>
- The benefits of quitting smoking can be seen immediately. After just one day of not smoking, the baby will get more oxygen. Women who quit also have more energy and breathe more easily.<sup>6</sup>

## The Indiana Tobacco Quitline's 10-call Protocol for Pregnant Women

The Indiana Tobacco Quitline (1-800-QUIT-NOW) offers free, evidence-based cessation treatment to help smokers quit and stay quit. Pregnant smokers who call the Quitline receive even greater intensity of behavioral support – 10 calls instead of 4. The treatment plan is tailored to meet their needs, and for those who quit, the Quitline offers additional postpartum contact to prevent relapse.

## Quick Facts:

**15.1%** of pregnant women in Indiana smoked during pregnancy in 2014.<sup>2</sup>

Indiana's smoking during pregnancy rate was nearly **80% higher** than the national smoking during pregnancy rate (8.4%).

There were over **12,600 smoking-affected births** in Indiana in 2014.

Smoking during pregnancy cost Hoosiers an estimated **\$17 million** in 2014.<sup>2,7</sup>

## Smoking during pregnancy:

- Increases the risk of having a low birth weight baby
- Increases the risk of premature birth
- Increases the risk of sudden infant death syndrome (SIDS)
- Increases the risk of ectopic pregnancy and miscarriage

\*Out of 46 states and D.C. reporting smoking during pregnancy data.



# Pregnant Women and Smoking

## Smoking during Pregnancy Rates in Indiana Counties

**Table 1. Percentage of mothers who reported smoking during pregnancy, Indiana counties, 2014**

County	%	County	%	County	%	County	%
Adams	6.8 (L)	Franklin	18.0	Lawrence	29.0 (H)	Rush	21.5
Allen	10.3 (L)	Fulton	22.6 (H)	Madison	22.0 (H)	Scott	28.6 (H)
Bartholomew	14.4	Gibson	18.0	Marion	12.4 (L)	Shelby	23.2 (H)
Benton	20.2	Grant	29.5 (H)	Marshall	17.2	Spencer	17.7
Blackford	36.8 (H)	Greene	24.3 (H)	Martin	27.1 (H)	St. Joseph	12.3 (L)
Boone	11.7	Hamilton	2.7 (L)	Miami	26.2 (H)	Starke	25.3 (H)
Brown	16.5 (U)	Hancock	10.8	Monroe	16.3	Steuben	24.6 (H)
Carroll	14.5	Harrison	16.4	Montgomery	24.7 (H)	Sullivan	18.6
Cass	21.7 (H)	Hendricks	8.1 (L)	Morgan	24.5 (H)	Switzerland	33.6 (H)
Clark	16.1	Henry	22.4 (H)	Newton	26.5 (H)	Tippecanoe	13.4
Clay	21.6	Howard	21.8 (H)	Noble	19.0	Tipton	23.2
Clinton	18.4	Huntington	16.8	Ohio	25 (U)	Union	23.2 (U)
Crawford	38.5 (H)	Jackson	21.1 (H)	Orange	23.4	Vanderburgh	19.7 (H)
Daviess	11.7	Jasper	22.6 (H)	Owen	34.3 (H)	Vermillion	18.7
Dearborn	21.8 (H)	Jay	21.2	Parke	19.0	Vigo	18.9 (H)
Decatur	22.8 (H)	Jefferson	27.1 (H)	Perry	28.8 (H)	Wabash	25.2 (H)
DeKalb	23.5 (H)	Jennings	25.9 (H)	Pike	25.4	Warren	22.6
Delaware	21.7 (H)	Johnson	15.5	Porter	10.5 (L)	Warrick	10.8
Dubois	11.5	Knox	27.5 (H)	Posey	18.1	Washington	23.2 (H)
Elkhart	9.9 (L)	Kosciusko	15.6	Pulaski	27.4 (H)	Wayne	20.8 (H)
Fayette	25.7 (H)	LaGrange	6.7 (L)	Putnam	21.0	Wells	17.0
Floyd	16.5	Lake	10.2 (L)	Randolph	23.6 (H)	White	17.4
Fountain	25 (H)	LaPorte	24.3 (H)	Ripley	23.3 (H)	Whitley	17.5

Source: 2014 Indiana Natality Report. Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team.

H=Significantly higher than the statewide rate

L=Significantly lower than the statewide rate

U=Unstable rate

The rate of Indiana mothers who reported smoking during pregnancy (15.1%) is considerably higher than the national average of 8.4% in 2014. Even more alarming are rates in Indiana counties that exceed state and national rates. The table above shows the percentage of mothers who reported smoking during pregnancy in 2014 by county.

- County rates range from 2.7% (Hamilton County) to 38.5% (Crawford County).
- Forty-two (42) of Indiana's 92 counties have a smoking during pregnancy rate significantly higher than the Indiana statewide rate of 15.1%.
- All but 4 Indiana counties have smoking during pregnancy rates higher than the United States average.

## References

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